

Opening Statement of the Honorable Fred Upton
Subcommittee on Health
Markup on H.R. 1206, H.R. 6118, H.R. 1063, H.R. 6163, H.R. 4124, H.R. 733
September 11, 2012
(As Prepared for Delivery)

I'm pleased to see the Health Subcommittee moving quickly in the remaining days of this congressional session to advance a series of bills with bipartisan support, and I thank Chairman Pitts and the members involved in drafting these measures for their leadership.

First, the subcommittee will consider the "Access to Professional Health Insurance Advisors Act" – a bipartisan measure that helps prevent some of the devastating consequences the president's health care law is having on small businesses that offer critical expertise to families and employers shopping for health coverage. According to survey data from the National Association of Health Underwriters, the new Medical Loss Ratio (MLR) mandate created in the health care law will force 21 percent of agents to downsize their business, resulting in fewer options for consumers. We already know this law breaks the promise that if you like what you have, you can keep it. And because of the MLR mandate, it will become harder to shop for a plan you like and can afford.

H.R. 1206 amends PPACA's medical loss ratio requirement to exclude compensation paid for licensed independent insurance producers from the premium portion of the MLR calculation. This common-sense change will help small businesses that offer help to families and employers shopping for affordable health coverage to remain in business. I would like to thank Mr. Rogers and Mr. Barrow for taking the lead on this bipartisan initiative.

Second, the subcommittee will consider H.R. 1063, the Strengthening Medicare and Repaying Taxpayers Act, or SMART Act, introduced by Dr. Murphy. This bill creates efficiencies in the Medicare Secondary Payer program that benefit taxpayers and seniors alike. During last year's hearing, several flaws in the program were identified that resulted in seniors losing Medicare coverage and settlements ending up in escrow. H.R. 1063 makes improvements to the current program that will facilitate speedier settlements as well as repayment to the Medicare Trust Fund.

I want to thank Ranking Member Waxman for working in a bipartisan manner to present H.R. 1063 to the committee today. We have some additional work to do before we get to full committee, but I plan to continue working with Mr. Waxman and Dr. Murphy to resolve those issues.

The subcommittee will also consider H.R. 6118, Taking Essential Steps for Testing Act, which would give the Centers for Medicare and Medicaid Services much-needed regulatory flexibility related to laboratory certification. Today, there are instances where a hospital or independent laboratory accidentally refers samples to other labs due to employee error or through automated systems. In such instances, CMS lacks the flexibility to align the severity of the penalty with the actions of the lab, resulting in needless punitive penalties that threaten businesses and the people they employ. H.R. 6118 would address this issue by allowing the HHS discretion when determining the severity of penalties under the Public Health Service Act.

In addition to implementing common sense reforms to the current health care system, finding hope for those who suffer from terminal and incurable disease is a priority for the subcommittee and for me personally. H.R. 6163, the National Pediatric Research Network Act of 2012, is a way to effectively focus on unmet health needs of children and advance treatments and cures. It will also help those children who suffer from rare diseases, such as Spinal Muscular Atrophy (SMA), which is the leading genetic cause of death in infants and toddlers. I want to commend Ms. McMorris-Rodgers and Ms. Capps for their leadership.

For the many Americans who have been diagnosed with a hard to treat cancer, H.R. 733, the Recalcitrant Cancer Research Act of 2012, offers new hope. Some recalcitrant cancers, such as pancreatic cancer, have had few significant improvements in diagnosis and treatment. The bill will guide efforts at the National Cancer Institute by identifying a scientific framework that will focus and guide research efforts and advance the search for treatments. I would especially like to thank Ms. Eshoo and Mr. Lance for their work on this legislation.

Lastly, H.R. 4124, the Veteran Emergency Medical Technician Support Act of 2012, will help military EMTs to transition to civilian service, as well as address EMT shortages. The bill will help states identify ways to streamline licensing requirements that require vets to duplicate education and training that they already received in the military. It is important we help returning veterans find work, and I would like to thank Mr. Kinzinger and Ms. Capps for their work on this bill.

We have six bills before us that are worthy of the subcommittee's consideration, and I urge all members to support them. I would like to thank each member on this committee, especially Ranking Members Waxman and Pallone, for working with us on many of the bills before the subcommittee today.

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